

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE											
							APPLICANT(S)												
CLAIMS																			
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP		
1	1						51												
2		1					52												
3		1					53												
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48							98												
49							99												
50							100												
TOTAL IND.	1						TOTAL IND.												
TOTAL DEP.	14						TOTAL DEP.												
TOTAL CLAIMS	15						TOTAL CLAIMS												